

STATE OF ARKANSAS  
**BOARD OF REVIEW**  
P.O. BOX 8016  
Little Rock, Arkansas 72203

**PETITION FOR APPEAL TO  
THE BOARD OF REVIEW**

1. Claimant:

2. Social Security No.:

3. Address:

4. Location of Records (*Office No.*):

5. Date Claim Was Filed:

6. Date Appeal Tribunal Decision Delivered or Mailed:

7. Appeal Tribunal Decision Number:

8. I/We appeal from the decision of the Appeal Tribunal. (*Check A or B below*):

- A. ☐ I have no new evidence to present and petition the Board of Review to review all the records and the testimony and render its decision thereon.
- B. ☐ I petition the Board of Review to remand my case to the Appeal Tribunal because I have additional evidence to present. I wish to present the following as evidence in my case: (*Describe what the evidence is, i.e., your doctor's statement, etc.*)

\_\_\_\_\_

\_\_\_\_\_

9. If you checked 8B above, you must answer the following questions.

A. ☐ Why is the evidence material to your case? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. ☐ Why was it not offered into evidence at the Appeal Tribunal hearing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The Board of Review will decide whether or not there is good cause to remand your case to the Appeal Tribunal.**

10. Date Filed:

11. Appellant:

12. Type of Claim: ☐ UI

☐ UCFE

☐ UCX

☐ EB

☐ TRA

☐ Other (Identify)

(FSC, etc.)

**You should continue to file a claim card each  
week if you wish to continue your claim.**

Original - Board of Review

Duplicate - Appellant

13. Received By:

14. Office: